

attempt to administer them should never be neglected. Besides these means, and the administration of the medicine by the mouth, intermittent fever may be reduced in young children by the employment of baths of cinchona, &c. M. Ebrard recommends the administration of sulphate of quinine in an infusion of coffee; but we should certainly feel some hesitation in giving an infant at the breast the quantity (one drachm) that he recommends for the purpose; and before we would venture on such a course we must receive some further evidence regarding the efficacy of a means which, it must be confessed, would more fully than any other substance conceal the bitter taste of the medicine.

The difficulties attending the treatment of the intermittent fever in children of a more advanced age are even greater than those presented in the case of infants at the breast; for when the child is old enough to recognize the taste of the quinine, under whatever form it may be disguised, the mode of treatment is attended by very great embarrassment.

M. Ebrard has observed in a certain number of cases that intermittent fever is often accompanied by more or less violent convulsions. The most treacherous form is, however, that in which convulsions constitute the sole character of the fits, and here it is of the utmost importance to ascertain whether there is a regular intermission in their occurrence, since, if such be the case, the treatment is plain.—*Monthly Retrospect*, April 1849, from *L'Union Méd.*, Nos. 120, 121.

26. *Melæna in Children.*—M. RILLIET, one of the authors of the classical work on the "*Diseases of Children*," takes the occasion of two cases of intestinal hemorrhage in children, which have come under his notice, to furnish a summary of what is known upon the subject. The cases he relates are unique, inasmuch as they are examples of this rare disease occurring in twins. The first child, though not large, was well formed, and had cried strongly after birth. The meconium had been discharged by castor oil; the child had sucked, and seemed in all respects doing well, when several hours after birth it passed two or three stools wholly composed of blood, and became deathly pale and cold, and was unable to swallow. It cried, but there was no vomiting or convulsion. Cold compresses were applied to the abdomen, the warmth of the extremities being maintained; rhatany was employed, both in injections and external applications, but the former being always returned with blood, the latter were alone continued. The child gradually rallied after six bloody stools had been passed. While this child yet continued in an alarming state, the other twin was seized with vomiting and purging of blood, and decoction of rhatany was in the same way applied to its belly. It recovered, though the bleeding continued more obstinate. Both children remained well, though long continuing exceedingly pale.

Different authors have ascribed the affection to various causes, but an analysis of the published cases leads Dr. Rilliet to doubt the efficacy of most of those assigned, e. g., the condition of the health of the parents, the nature of the labour, the too early division of the funis, the weakness or plethoric state of the child, the presence of irritating matters in the intestines, external violence, or the rupture of vessels; and although the affection usually occurs at from the first to the fourth day, it has been met with as late as the sixth, eleventh, or twentieth, boys seeming more liable to it than girls. Dr. Rahn-Escher, of Zurich, believes that much depends upon hereditary influence, a diseased state of the digestive organs being communicated from parent to child. This view would seem to be best supported in those cases where the parents also suffer from hemorrhages, or where several of their children do so simultaneously or successively. Billard states that the majority of fifteen children dying from it, were remarkable for plethora, but the experience of others does not bear out this view. Numerous pathological observers agree in stating that there is no important vascular lesion, the mucous membrane being sometimes not more injected than natural; others have found the abdominal veins gorged with blood, and the mucous membrane softened and reddened. The naturally injected state of the intestinal tube in the child may act as a predisposing cause when there is atony of its vessels, or obstruction to the abdominal circulation.

The difficulty with which respiration is established at birth, especially if the lung is incompletely dilated, may exert an influence.

The bleeding in most cases has followed the meconium, but unpreceded by any premonitory symptom. It is usually abundant and frequent, rich in colour, and either fluid, or in part coagulated. Hæmatemesis, though more rare, may yet be abundant; and Etlinger gives a case in which a pound of blood was discharged by vomiting and stool. Sometimes the hæmatemesis is more abundant than the intestinal hemorrhage, but it is always accompanied by the latter. The hemorrhage may attain its maximum in twenty-four hours; but it may be prolonged to the third or fifth day, and in very rare cases to the tenth even.

Of 23 cases in which the issues have been recorded, 12 recovered and 11 died. In 9 of the twelve recovery seemed complete, but in 3 the constitution was deteriorated. In treating the disease, sometimes mere demulcents, at others astringents, the mineral acids, and the internal use of cold, and in others applications to the belly and enemata, have been tried in different cases. M. Rilliet believes that the best treatment consists in the free exposure of the child to the air, the keeping its extremities warm at the same time, the application of astringents to the abdomen, and the careful administration of nourishment, or, if the child's condition requires it, of stimuli.—*Brit. and For. Med.-Chirurg. Rev.*, July, 1849, from *Gazette Médicale*, 1848, No. 53.

27. *On Cephalæmatoma*.—M. CHASSAIGNAC believes that whatever operation is performed for the relief of this affection, it proves very hazardous to the infant, and he takes the occasion of a recently occurring case, which he watched closely during life, and examined after death (from other causes), for drawing attention to the remarkable activity of the absorbent power at this age, and to the mode in which Nature thus operates a spontaneous cure. The sanguineous effusion gradually becomes encysted, though for a few days the blood is in direct contact with the bone and periosteum; an organic membrane separated into two layers, and which afterwards takes on all the characters of periosteum, then surrounds it, and the absorption proceeds. In proportion as the quantity of effusion diminishes, the osseous rim or border which surrounds it also diminishes in diameter, by reason of a double simultaneous action, viz., resorption at its external circumference, and a concentric reproduction at the inner one. Very voluminous tumours in this way disappear; and so great is his fear of exciting suppuration in them, that M. Chassaignac strongly advises all interference to be withheld, save in the extremest cases.

M. Debout agrees with M. Chassaignac, that in the great majority of cases absorption will take place during the first six weeks of life; but after this period, sometimes a serous cyst is formed, containing a reddish fluid, very like that found in mammary cysts the results of contusions. This cyst generally inflames and suppurates, giving rise to necrosis and fever, which may be prevented by opening the cyst. This operation, however, may be followed by erysipelas, or the formation of abscess, and M. Trousseau's procedure offers the greatest security against these accidents. With a narrow bistoury, so held as to cut from within outwards, he makes a puncture at the lower part of the tumour, and endeavours by pressure to empty it of its entire contents, and then applies strips of diachylon and a bandage, so as entirely to exclude the access of air. In eight or ten days these are removed, and all is found to be doing well.—*Bulletin de Thérapeutique*, t. xxxv. pp. 448—55.

Dr. Vogler, writing upon this subject, observes, that he is an example of how careful medical men should be in drawing general deductions from even a quarter of a century's experience. Thus, a very short time since, he published a paper, in which he stated that, during this space of time, he had never had occasion to open a cephalæmatoma, having always succeeded in dispersing the tumour by lotions of sal ammoniac, alcohol, and water, in from three to six weeks. Yet since then has he, in the course of only one year, met with three cases in which he felt called upon to open the tumour. In the first case, he did so, because a severe ophthalmia, in a child but a fortnight old, forbade the use of wet applications. After the blood was discharged, suppuration was set up, but led to no bad consequences. The second case occurred in a child half